

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments This is a Report of a Biennial Construction Survey by Greg Cates and Billy Bryant on May 27, 2015. Based on information gathered from our files, the Facility was first licensed or submitted for licensure on or about May 15, 1996 with Seventy-Two (72) resident beds, including Fifteen (15) Special Care Beds. Based on this information, we are requiring the facility to meet the 1996 Homes for the Aged and Infirm Minimum Desired Standards, applicable portions of the 2005 Regulations for Adult Care Homes, and the 1996 Edition of the North Carolina State Building Code-Section 419- Institutional Occupancy.	C 000		
C 166	Housekeeping-Maintained Free of Hazards SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0306 HOUSEKEEPING AND FURNISHINGS (a) Adult care homes shall: (5) be maintained in an uncluttered, clean and orderly manner, free of all obstructions and hazards; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the building free of hazards. Findings include: a- In the Oxygen Storage Room, there are oxygen bottles that are being stored in an unapproved container and are not supported properly. b- In the Special Care Utility Room, the	C 166		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 166	Continued From page 1 condensate line for the HVAC units is draining onto the floor and away from the floor drain, creating a large puddle. c- The Breaker Panels are partially blocked from access in the following areas, to include but not limited to: 1- Laundry Storage 2- Mechanical Room opposite the Activity Room	C 166		
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations, the facility has failed to maintain the magnetic locking system in a safe manner. This could affect all occupants in the Special Care wing of the facility by possibly slowing or stalling the evacuation of the wing in the event of an emergency. Findings include: a- At all EXIT doors, there are two keyed switches (one for the alarm and one for the emergency magnetic lock release), which are not labeled and in an emergency, could easily cause confusion as to which lock unlocks the doors.	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	<p>Continued From page 2</p> <p>Note: The administrator installed temporary identifying signage at each lock prior to the completion of the survey.</p> <p>2- Based on observations, the facility failed to ensure that the fire safety systems are maintained safe and operating.</p> <p>Findings include:</p> <p>a- Throughout the building, there are multiple locations where the sprinkler escutcheons are missing. Specific examples include but are not limited to:</p> <ul style="list-style-type: none"> 1- Resident Room 505 2- Laundry 3- Janitor Room 4- Room 114 5- Special Care Laundry at the Sprinkler Drain <p>b- The following EXIT signs do not illuminate on battery power, to include but not limited to:</p> <ul style="list-style-type: none"> 1- Corridor outside Room 203 <p>c- The fire extinguishers show no signs of a monthly inspection.</p> <p>3- Based on observations, the facility has failed to ensure that the doors operate correctly to prevent the passage of fire or smoke. This could affect all occupants of the building in the event of a fire by allowing smoke to move from one smoke compartment to another.</p> <p>Findings include:</p> <p>a- The corridor doors at the Activity Room do not close completely.</p> <p>b- The corridor doors at the Dining Room do not</p>	C 189		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL098006	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/27/2015
NAME OF PROVIDER OR SUPPLIER SPRING ARBOR OF WILSON		STREET ADDRESS, CITY, STATE, ZIP CODE 2045 WARD BOULEVARD, NW WILSON, NC 27893		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 189	Continued From page 3 close completely.	C 189		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1- Based on observations and testing, the facility has failed to maintain the bathroom mechanical exhaust systems in working condition. Findings include: a- In Resident Room 101 bathroom, the exhaust fan is not operating.	C 199		